

Utah Healthcare Infection Prevention Governance Committee

Date: 3/21/2023

Attendees:

Ailene Bacom, Alessandro Rossi, Alessia Banning, Alexandra Earl, Angela Ma, Angela Weil, April Clements, Arlen Jarrett, Ashley Miller, Ashley Young, Bea Jensen, Brian Hathaway, Brittany Carver, Caroline Taylor, Cherie Frame, Danene Price, Devin Beard, Emily Spivak, Giulia De Vettori, Guyvonihara Getna, Hailey Schuckel, Hannah Imlay, Jacob Anderson, Jeanmarie Mayer, Jeffery Rogers, Joshua Mongillo, Linda Rider, Lisa Evans, Louise Saw, Mary Jordan, Matt Hansen, Nancy Arbon, Patti Watkins, Payal Patel, Becky Ess, Sara Phillips, Sarah Rigby, Tara Ford, Tariq Mosleh, Zoey Bridges

801-***-**70

801-***-**80

801-***-**87

Agenda Topics:

Technical Information

3:00–3:05 Welcome

3:05–3:10 Updates (Becky Ess)

Subcommittee Updates

3:10–3:20 Subcommittees (Subcommittee Leads)

Meeting Content

3:20–3:30 Mission and vision statements (Dr. Dascomb)

3:30–3:40 Bylaws, confidentiality, accountability, participation efforts, reportable rules (Dr. Dascomb)

Situational Awareness

3:40–3:50 MDROs, Emerging Infections, Education, Hot Topics (Becky Ess/Josh Mongillo)

Convene

Discussion:

Technical Information

- Updates

- This is Kristen Dascomb's first time leading out, however, she is unable to join due to being on-service.
- For these first two meetings, we have kept the meeting to one hour. In the future, we will take 90 minutes, so the meeting will last from 3–4:30pm.

Subcommittee Updates

- Antimicrobial Stewardship: Tariq Mosleh

- Tariq shared the mission, vision, and goal, as decided upon in their last meeting

- **Mission:** Protect the residents of Utah from multiple-drug resistant infections through optimizing antimicrobial prescribing practices and improving patient outcomes in Utah.
 - **Vision:** The State of Utah strives to lead the national efforts to eliminate antimicrobial-resistant infections.
 - **Goal:** Expand antimicrobial stewardship through collaboration with healthcare facilities to create and implement robust antimicrobial stewardship programs and improve infection control practices throughout the state of Utah.
 - Tariq asked for feedback on these statements. Dr. Rossi suggested a wording change.
- MDRO Control and Education: Elena Snelten
 - Elena has had to call in, so Becky shared the mission, vision, and goal with the group
 - **Mission:** Protect the residents of Utah from multiple-drug resistant (MDRO) infections through prompt identification and response to MDRO outbreaks in coordination with education for various healthcare facility settings (LTACH, LTCF, Dialysis, Outpatient, Acute Care Hospitals).
 - **Vision:** The State of Utah will lead the national efforts to eliminate multidrug-resistant organism infections. Utah strives to reduce the amount of multidrug-resistant organisms in healthcare settings while also improving our detection and response.
 - **Goal:** Improve detection, response, and education of multidrug-resistant organisms (MDRO) through collaboration with healthcare facilities to create additional educational opportunities, enhance awareness, address gaps and implement standardized MDRO focused infection prevention and control practices throughout the state of Utah.
 - Feedback was also requested on these statements. Cherie Frame asked if the vision statement indicates that Utah is ahead compared to the rest of the nation. If that is not the case, should we replace “lead” with “join”. “Strive to lead” may also be an alternative.
- Laboratory and Surveillance: Alessandro Rossi
 - Meeting on 4/6/2023
 - In our next committee meeting, we will share the mission, vision, and goals they develop

Meeting Content

- Since this last meeting, we have revised the UHIP-GC purpose, mission, and vision. Here are the current versions:
 - **Purpose:** To provide leadership and direction for healthcare-associated infection prevention and reporting activities in Utah.
 - **Mission:** Protect the residents of Utah by reducing and preventing the occurrence of healthcare-associated infections and antimicrobial resistant organisms.
 - **Vision:** Create healthy environments by eliminating inappropriate antimicrobial use and healthcare associated infections in healthcare systems throughout Utah.

- Once again, asking for feedback. Cherie asked to clarify which group these statements apply to? Becky clarified that is for this current meeting, the full group.
 - Cherie pointed out that HAI doesn't necessarily include MDRO rates, so we may want to include MDROs specifically in the purpose.
 - Mary Jordan brought up that collaboration between facilities should be added to the vision as well, not just healthcare. The wording can be refined, but the statement should include all partners.
 - Linda Rider suggested providers may be a more inclusive term, rather than healthcare systems. Dr. Mayer thinks that 'systems' is more encompassing.
 - Louise Saw asked if 'system' takes it off of the individual? Dr. Mayers said that healthcare systems refers to all of the individuals within the systems.
- Bylaws are being developed from scratch, so more time is needed to develop these fully. We plan to have them ready for our next meeting.
- Confidentiality:
 - This meeting is recorded (recording forgotten until now, started at 3:18)
 - Because the minutes are publicly available, any confidential information will be removed. It will be available internally to the meeting participants, but will be stricken before publishing to the public database.
 - Data suppression refers to instances where counts under 5 are suppressed.
 - This included embargoed information and other group confidentiality, which will be written into our bylaws.
 - If you have other concerns or questions, please ask now or email Becky Ess directly. This won't be discussed again until the bylaws are ready.
- Accountability
 - Each of the subcommittees that have met have developed two projects — one a smaller, low hanging project. The other is a larger project that will incorporate the main committee to obtain feedback.
 - The AS committee is looking to increase participation. There have also been discussions about creating a webinar series or partnering with existing ECHO calls.
 - Some of the ways to measure these projects are
 - NHSN rates increasing/decreasing
 - Increase the accessibility of AS data in NHSN
 - Monitor trends of novel Utah MDROs (C. auris) and use of transfer forms
 - Are there any other measures that this group thinks would be beneficial?
 - Alessandro Rossi pointed out that monitoring isn't limited to novel MDROs. He also asked if we could also monitor facilities that are experiencing outbreaks?
 - Becky said we could modify the goal to include novel and existing MDROs.
 - HAI/AR has developed an internal tracker which will be used as part of our endemic definition.
 - Jeanmarie Mayer asked if there is a way that HAI/AR can notify healthcare systems of outbreaks? It would be good to have better situational awareness of CRE

- Becky skipped ahead in the agenda and shared the CDC's [Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms \(MDROs\)](#). The guidance breaks efforts down into 4 tiers, of which the 4th tier (endemic organisms) is new.
 - We are working to identify and define endemic organisms for Utah. This document needs internal review and approval before it can be shared.
 - This definition will include: KPC CRE, NDM CRE, OXA-23 CRA, OXA-235 CRA
 - Tier 3 will include: IMP CRE, VIM CRPA
 - Tier 2 (rare) includes *C. auris*, of which we have only seen two cases in Utah
 - Tier 1 is novel organisms in the broader US.
- Becky asked if the group wants to be notified of Tier 4 organisms, as well as tier 3?
 - Dr. Mayer said notifications would be appreciated. Becky said that notifications can be provided.
- Jeanmarie asked about the increased accessibility of AS data, asking which types of facilities would be able to access that?
 - Tariq said that only hospitals currently have access, but it would be nice to expand to nursing homes as well.
 - Hospitals are not currently required to report AS data, it is one of several options that hospitals can choose between.
 - Devin Beard shared that several facilities have stopped reporting into that measure. However, it may also become mandatory in 2024.
 - There are individuals on the HAI/AR team actively reaching out and encouraging facilities to share their Antimicrobial Resistance data with us.
 - Emily asked what the goal is with antimicrobial use data?
 - Becky said the current goal is just to obtain the data. From there, we can identify where prescribing occurs and is reported, and then decide final outcomes from there.
 - Devin shared that monthly reporting plans are available from each facility, which is how we know that the number of facilities sharing access has decreased.
 - Targeted education might potentially improve reporting rates.
 - Jeanmarie said that it may help to have the ASP leads at healthcare systems help public health work on how the data could be useful. We need to know what we are going to do with the data.
 - Emily stated that nuance might make comparisons across units and hospitals difficult. The AS committee will be a good platform to contribute to the discussion of meaningful metrics.

- Participation efforts for success
 - Since last meeting, we have had the opportunity to invite more and diverse individuals to join this committee or subcommittees
 - We would still like to increase representation from SDS, urology, wound care providers
 - Matt Hansen offered to assist with recruitment, especially for particular desired roles. Email him at director@hhau.org
 - We are currently doing outreach to external groups, including both recruitment and education.
- Reportable rules
 - There are a few changes that we want to make to clarify communicable disease reporting rules, particularly who, what, and how.
 - This will be discussed in our lab subcommittee meeting. As we get more information, we will bring that to this committee.

Situational Awareness

- MDROs
 - We still have only one active case of *C. auris* in Utah. So far, there is no evidence of transmission.
 - A New York Times article is linked in the agenda. The attention to *C. auris* has increased in the news recently.
 - Josh Mongillo shared that the VIM/CRPA cases have been linked to artificial tears. This has been a 16 state outbreak which took nearly a year to identify the source. <https://www.cdc.gov/hai/outbreaks/crpa-artificial-tears.html>
 - Josh shared that additional screening has been conducted at the affected facilities and we have had no additional positive cases. We are very pleased with the infection control efforts of these facilities.
 - Endemic organisms: Becky hopes to share our list next meeting. We will also include
- Emerging infections/alerts
 - Jeff Rogers shared an EpiX exchange notice of two confirmed Legionellosis cases associated with travel in Dec 2022/Jan 2023. These cases were linked to a particular hotel/casino.
 - Yesterday, we were notified by Southwest Health Department that a Utah resident received a letter from the hotel of interest indicating their stay involved exposure. The letter provided contact information for the Nevada department of health and encouraged follow up with their provider.
 - CDC has also sent recent alerts about extremely drug-resistant Shigella. It turns out we have 7 cases that match this Shigella.
 - This outbreak has apparently been going on since 2015. We haven't seen any cases since 2022.
 - We had to reach out directly to CDC to find out who these cases were, since we don't receive the AST patterns for Shigella. We had no idea until we reached out to the CDC.
 - Measles are not currently an issue in Utah. However, we are on watch following the CDC alert from early March regarding the large exposure in Kentucky.

